



Office use only:
Agent:
Debit:

Automatic Bank Debit (ACH) Authorization Form

I, _____ (printed name), authorize Gentry Financial Group to debit my bank account for my dental and/or vision insurance premiums. I understand that the debit will take place on the first of each month. If the 1st falls on a weekend or bank holiday, the debit will occur on the next consecutive business day.

****Please be advised that this form must be returned at least 1 week prior to the bank debit date or the debit will be incurred the following month resulting in a debit for two months premiums.**

Bank Account Information:

Bank Name: _____

Name on Account: _____

Bank Routing Number: _____

Type of Account: (Circle one) **Checking** **Savings**

Account Number: _____

My Former School District: _____

My Mailing Address: _____

City, State, Zip Code: _____

My Daytime Phone Number: _____

My Email Address: _____

Signature: _____

- I have enclosed a voided check for the account I designate to be debited (required)
- Please send me a notification email at the email address listed above when my account is debited.

If you wish to cancel this authorization or have any changes that need to be made, you must notify Gentry Financial Group in writing at least 10 days in advance of the scheduled transaction.